

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2				/		/
3				/		/
4				/		/
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43				/		/
44				/		/
45				/		/
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47				/		/
48				/		/
49				/		/
50				/		/
Total Indep			3		3	
Total Depend			9		9	
Total Claims			12		12	

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						